



POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	233	7-16-93
TYPIST	350	7/20
VERIFIER	352	7/22
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	10/26/93 7/2/94
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Claim	Date
Final Original	
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- N Restricted
- Non-elected
- I Interference
- A Appeal
- O Objected